

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N41887 (3)
 1. Corporation Name
 THE BUONICONTI FUND TO CURE PARALYSIS, INC.



Principal Place of Business: 1800 NW 10 AVENUE (R-48) MIAMI FL 33136
 Mailing Address: 1600 NW 10 AVENUE (R-48) MIAMI FL 33136

3. Date Incorporated or Qualified: 01/31/1991
 3a. Date of Last Report: 04/18/1995
 4. FEI Number: 65-0244316
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
 RAATTAMA, HENRY H JR
 200 S BISCAYNE BLVD
 SUITE 4500
 MIAMI FL 33131

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	HANLON, TIMOTHY D	
STREET ADDRESS	65 WEST 55 STREET, SUITE 8E	
CITY-ST-ZIP	NEW YORK NY	
TITLE	C	DELETE
NAME	SCHNIEDER, JOHN A	
STREET ADDRESS	711 FIFTH AVENUE, 9TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	DELETE
NAME	BERNING, DIANA C	
STREET ADDRESS	1600 NW 10 AVENUE, 4-48	
CITY-ST-ZIP	MAJMI FL	
TITLE	D	DELETE
NAME	BUNGE, RICHARD P MD	
STREET ADDRESS	1600 NW 10 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	BUONICONTI, NICHOLAS A	
STREET ADDRESS	225 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VCS	DELETE
NAME	BUONICONTI, MARC	
STREET ADDRESS	225 ARVIDA PARKWAY	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	Change	Addition
1.2 NAME	HANLON, TIMOTHY D		
1.3 STREET ADDRESS	1314 MARQUE HE PLACE #1705		
1.4 CITY-ST-ZIP	MINNEAPOLIS, MN 55403		
2.1 TITLE		Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DIANA C BERNING DATE: 6/20/96 DAYTIME PHONE #: 305-243-6001

CR2E037 (3/96)